

NUCLEAR MEDICINE TECHNOLOGY SCHOOL APPLICATION**I. IDENTIFICATION**

Name of school or sponsoring institution _____

Address (number, street) _____

City _____

County _____

ZIP code _____

Telephone number _____

FAX number _____

E-mail address _____

()

()

Administrator/director name _____

Title _____

Indicate qualifications: ☐ ABR certified—Nuclear Medicine ☐ Authorized User in Groups 1-5 and 9 ☐ CTNM
☐ Other (specify): _____

Director of the course of study: _____

Name _____

Title _____

Indicate qualifications: ☐ ABR certified—Nuclear Medicine ☐ Authorized user in Groups 1–5 and 9 ☐ CTNM
☐ Other (specify): _____

NOTE: "All information on this application is releasable to the public. You may submit a P.O. box number rather than a home address if no other business address is available." California Public Records Act (PRA), Government Code, Sections 6250, et seq.

II. CURRICULUM

A. Total length of training: _____ months.

B. Indicate total hours of basic instruction in nuclear medicine technology:

Subject	Hours of Instruction	Subject	Hours of Instruction
1. Human anatomy and physiology	_____	12. Nuclear instrumentation	_____
2. Physics	_____	13. Statistics	_____
3. College mathematics	_____	14. Radionuclide chemistry	_____
4. Medical Terminology	_____	15. Radiopharmacology	_____
5. Oral and written communication	_____	16. Department organization and function	_____
6. General chemistry	_____	17. Radiation biology	_____
7. Medical ethics	_____	18. Nuclear medicine technology	_____
8. Methods of patient care/nursing	_____	a. In vivo procedures	_____
9. Radiation safety and protection	_____	b. In vitro procedures	_____
10. Nuclear medicine physics	_____	19. Radionuclide therapy	_____
11. Radiation physics	_____	20. Computer applications	_____

List any other basic instruction in nuclear medicine technology (indicate subjects and total hours per subject):

Subject	Hours of Instruction	Subject	Hours of Instruction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Indicate total hours of laboratory experience in nuclear medicine technology

Subject	Hours of Instruction	Subject—Indicate Additional Subjects	Hours of Instruction
1. Collimators—sensitivity/resolution	_____	8. Quality control of dose calibrator	_____
2. Survey instruments—calibration and use	_____	9. Quality control of imaging detector	_____
3. Gamma ray spectrometry	_____	10. Quality control of nonimaging detector	_____
4. Ordering, receipt of, and preparation of radioactive material/kits	_____	11. Wipe tests for removable contamination	_____
5. Nuclear generators and dose calibration	_____	12. _____	_____
6. In vitro laboratory	_____	13. _____	_____
7. Radioactive waste handling techniques	_____	14. _____	_____

III. ORGANIZATION

- A. Indicate type of school: ☐ Public community college ☐ Hospital ☐ Other (specify): _____
- B. Accredited by the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCEPNMT)
☐ Yes Length of approval: _____ ☐ No
- C. Attach the name(s) of clinical affiliated hospital(s) or clinic(s) and enclose copy(ies) of clinical affiliation documents.
- D. Please submit document(s) (could be part of school catalog or bulletin) in which the academic requirement(s) for admission to your nuclear medicine technology training program are communicated to potential students.

IV. DOCUMENTATION

Check (✓) the documents you are submitting with this application:

- ☐ School catalog or bulletin
- ☐ Academic requirement(s) for admission
- ☐ Blank application form for admission
- ☐ Sample completion certificate or diploma (marked COPY)
- ☐ List of course textbooks, references and periodicals
- ☐ JRCEPNMT accreditation document
- ☐ Course outlines
- ☐ Copies of examinations and keys
- ☐ All clinical affiliation agreements (properly signed)
- ☐ Transfer of credits policies
- ☐ Your facility's Radioactive Material License number, if applicable

OATH: I certify that to the best of my knowledge and understanding the foregoing is true and accurate and that the school meets the standards stipulated by California Laws Relating to Nuclear Medicine Technology and the implementing regulations.

Signature of the administrative head or the director of school	Title	Date
		